Disclosure Re	port	Cover				-	•	Amen	idment Yes	\boxtimes	No
Use this form for gen	neral re	port and committee i	nformat	ion, must be	signed a	and sut	omitted along with	other d	etailed forms.	•	
Do not use this form					the state of the s				·		TO THE OWNER OF THE OWNER.
1. Committee Infor	mation	<u> </u>							00 M		, <u></u>
a. Full Name	т:00	· MaCaa for Tour C		— в	5 E /	7 Pres	\	C. 1	D Number 7JM1	J25	
Committee to Elect	1 111any	McGee for Town C	ounch	ſ	コロ	ノニ	VED		/31411	123	
b. Mailing Address (incl		, State and Zip Code)			OCT	28	2015	d. 1	Date Filed		
3905 Waters Reach Ln Indian Trail, NC 28079				Union Co. Board of Elections					10/26/2015		
					11011 QQ,	DUAIU (on elections	e. 1	Phone Number		
				•					704 821	6577	
2. Report Year	3. Per	iod Start Date (mm/c	ld/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer F	ull Nan	1e		
2015		01/01/2015		10/1	9/2015		Nancy Lynn Ja	cobsen			
6. Type of Commit	tee (Ch	eck One)	9. Ty	pe of Report	(c	heck o	nly one type of rep)	v
Candidate Camp	aign [Party	Munici			State/	County	Re	ferendum		
PAC	[Referendum		Organizational	Į į		Organizational		Organization	al	
Independent Expenditure Legal Expense F	[Jund	Joint Fundraiser		Thirty-five day	<i>!</i>		Quarterly		Pre-referendu	ım	
7. Type of Fund		olicable, check one)		Pre-primary			First] Final		•
"Booster Fund"	- 10 11		\boxtimes	Pre-election			Second		Supplementa	l Final	
Building Fund				Pre-runoff			Third		Annual		•
<u> </u>				Semi-annual			Fourth		Special		
				Mid Yea	r		Semi-annual	<u> </u>			
Other:				Year End	l		Mid Year	10). Special Rep	ort Nan	ne
				Final			Year End	- 1			
8. Number of Fund	raisers	this Report		Special			Final ·				
· · · · · · · · · · · · · · · · · · ·	0						Special			·	
11. Account Inforn							Information				
a. Financial Institution	Full Nan	ne	·		a. Fina PayP		stitution Full Name				
BB+T		c. Account Code			b. Puri				c. Account Code		
b. Purpose 'Checking				· · · · · · · · · · · · · · · · · · ·		e payn	nent				<u> </u>
Chooning .		0				eceipt			. 0		
-		d. Period Begin Balanc	e	<u>.</u>					d. Period Begin I	Balance	
		\$ 00.00						;	\$ 0.00		
CERTIFICATION											
I certify that the Cor	mmittee	or Fund is in compl	iance w	ith all applica	ible pro	visions	s of Article 22A, 22	2B, & 2	2D-22M of C	napter 16	63 of
the NC General Stat	utes an	d that no funds are co	mming	led with prob	nibited o	or other	r non-disclosed fun	ds. I fu	rther certify th	at this re	eport
		ct and that I have bee	n traine	d by the NC	State Bo	oard of	Elections.	4.6.40	- C 10 0 4 5		
Nancy Jaco					iny	ya.	cobien	10/2	26/2015		
POB OBBIOD HOE	كخنان	ted Name of Signer			ignature (oy Appoi	inted Treasurer		Date		and a constitution of the
FOR OFFICE USE (Date Received:		10/28/15		Employee:	k	Da	umin	Deli	very Method		
Date Postmarke		10/26/15		Employee:		WQ.	aumh	借	Normal Mai Registered I	Mail	
Date I Ostillare		10/28/16		zpiojov.		レイ	Jaumh	님	Hand Delive Electronical		
Date Scanned:		1-10-0/13		Employee:		$\stackrel{\triangleright}{\sim}$	few		Signer has	not recei	ived
Date Data Ente	red:	47-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Employee:			-t		mandatory t	taining	
Please Note: Th	is form	cannot be used to ar	nend co	mmittee info	rmation	such a	is the committee ac	ldress, 1	treasurer, assis	tant trea	surer

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. CRO-1000 NC State Board of Elections

custodian of books information, or account information.

Amendment \boxtimes

Yes

No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

	3. ID Number			
Committee to Elect Tiffany McGee for Town Council	Pre-Election		7JMN25	
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	· · - · · ·	\$ 1,134.43	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 1,040.00	
6) Contributions from Individuals	(CRO-1210)	\$ 250.00	\$ 1,633.51	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizati	ons <i>(CRO-1250)</i>	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 300.00	\$ 2,673.51	
EXPENDITURES :				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1,082.50	\$ 2,043.07	
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$ 278.51	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 1,082.50	\$ 2,321.58	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 351.93	\$ 351.93	
ADDITIONAL INFORMATION		1		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 35.94		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Entrittee IVE	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans OCT 2 8 2015	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum Union Co. Board of Elec	(CRO-2200)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	
700 - 7 1 07			A4 2000	

Aggregated Contributions from Individuals

Page

1 of

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Con	ımittee Full Na	ame (and Fun	d if applicable)		2.]	2. ID Number			
Comn	7JMN25								
3. Contributor Information									
a. Amen		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount			
	Add	01	PayPal		10/08/2015	\$ 50.00			
	Remove		1 491 111		10/00/2015	30.00			
<u> </u>	Add	_				\$			
	Remove					*			
<u>Ш</u>	Add	4				\$			
Ц	Remove								
<u> </u>	Add	4				\$			
닠	Remove								
	Add	4	·			\$			
 	Remove	-							
 	Add	-				\$			
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<u>Ц</u>	Remove					Ţ			
	Add Remove	-				\$			
 	Add	1							
	Remove	1				\$			
4. To	al only this	Page			\$	50.00			
5. To	al of ALL C	RPPSY	mmary Page CRO-11000		\$,			
(This line must be on line 5 of Detailed Summary Page CRO-1100) CRO 1205 OCT 2 8 2015 NC State Board of Florings									

	and the second s	m Individuals	0.50	Pg	1 of	1	Yes No	
معرم سعنان بسعم سنظار التعرب التلا	يسرج بيردي بالتاعلة للتبارك التناك في يتورج بيساع عبد بسيع عصمه	ividual contributions o (and Fund if applical		or contributions unde	r \$50 if form CRO	·		
		* - * - * - ·			-	2. ID Num	***************************************	
	· · · · · · · · · · · · · · · · · · ·	McGee for Town Co	uncil				7JMN25	
	ibutor Informatio			Add Rem	10Ve	·		
	ne, Mailing Address & city, state, & zip)	& Phone	•	b. Job Title/Profession President	, , , , , , , , , , , , , , , , , , , ,	d. Comments	3	
Gail Mari		,		Fresident				
1002 Hor	rton Ridge Ct.			c. Employer's Name/Spe			•	
	rail, NC 28079			Marketing of Medic	al		<u> </u>	
704 684 1331				Instruments	!	e. Election Su	· · · · · · · · · · · · · · · · · · ·	
					<u></u>	\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	Check			09/29/20	J15	\$ 250.00	
	· 						\$	
							\$	
	ibutor Informatio			Add 🗌 Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	3	
(include	city, state, & zip)		•		1			
			1	c. Employer's Name/Spe	ecific Field	1		
	•		ļ					
			,		!	e. Election Sum to Date		
	-		,			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
3. Contri	ibutor Informatio)n		Add Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	3	
(include (city, state, & zip)			1				
			•	c. Employer's Name/Spe	ecific Field			
			ļ					
			!		-	e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	уу)	k. Amount	
							-\$	
							\$	
				,	,		\$.	
4. Total	only this Page	e				\$	250.00	
5. Total	of ALL CRU	心脏肿料红门				•	250.00	
(This line	e must he on line 6 of	Detailed Summary Page Co	'RO.1100	a		\$	250.00	

CRO-1210

OCT 2 8 2015

NC State Board of Elections

April 2007

D!-1				·			Amendment	-		
Disbursem				Pg	1 of 1	<u>[</u>	∐ Yes ≥	No.		
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political										
	committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number									
	lect Tiffany McGee						2. ID Number 7JMN25			
3. Type of Disb				0-1310 forms for each t	una of Dichuscau	asst)	/31011023			
Operating E				lates/Political Committees			ed Party Expenditures	<u>.</u>		
4. Payee Inform		Commontors		Add	Remove	, amarc	army Expenditures			
	ing Address & Phone		7	. Coordinated Committee N		d, Co	mments			
(include city, state,										
United States P			1	•						
210 Postage Way				Level Registered (Specify)		•				
Indian Trail, NC 28079			Federal County:							
(800) 275-8777			\prod	State 🖂	Municipality:	e. Election Sum to Date				
Ì	,					\$ 5.75				
	1		L.	I	1					
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks			
01	Debit Card	I		09/29/2015	\$ 5.75		-			
					\$					
4. Payee Inform	nation		P	\dd	Remove					
a. Full Name, Mail	ing Address & Phone		b	. Coordinated Committee N	ame	d. Co	omments			
(include city, state,	& zip)				•					
Innovate Graph										
4600 Lebanon I		-	C	Level Registered (Specify)						
Mint Hill, NC	28227		Federal County:							
704 537 1180			L	State 🖂	Municipality:	e. Election Sum to Date				
							2,383.11			
f. Account Code	g. Form of Payment	h. Purpose Code	l	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks			
		-	_				d Sign and			
01	Debit Card	В	09/24/2015 \$1,072.50			Stands				
					\$					
4. Payee Inform	nation		A	vqq 🔲	Remove	•				
a. Full Name, Maili	ng Address & Phone		b	. Coordinated Committee Na	d. Co	mments				
(include city, state,	& zip)	·		-						
GoFundMe		•	_							
c/o Accel Partne	ers		c. Level Registered (Specify)				3			
428 University Palo Alto, CA		-	Federal County:							
www.gofundme	com		State Municipality:			e, Ei	ection Sum to Date			
www.gorunume						\$	141.55			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		equired Remarks nsfer Fee			
01 -	Auto Withdra	0		10/13/2015	\$ 4.25	Hai	isier ree			
•					\$					
5. Total only th	is Page				•	\$	1,082.50	•		
	CRO-1310 Pages			•	• • • • • • • • • • • • • • • • • • • •		-			
	line 13a of Detailed Sun					\$	1,082.50			
			-	Contrib to Candidates/Politic	-	*	1,002.50			
			-	Coordinated Party Expenditu	res)					
7. Purpose Code A* - Media	es (List detailed ex B* - Printing	penditure code in C* - Fund			D - To Anotho	or Con	didate			
E - Salaries	F* - Equipment			Party Ort of	note H* - Holding	Public	c Office Expenses			
I - Postage	J - Penalties	K* - Offi		Expenses UCIZO	UID Q* - Donation	n to Le	c Office Expenses egal Expense Fund			
O* - Other	a dadata ta da amada									
* Codes require detailed explanation in required remarks (item Codes required of Elections										

Debts and Obligati	ons Owed By t	the Com	mittee 📴 🚊	<u>ļ_</u>	of _2		Yes	X No	
Use this form to report any u			by the committee, to	incl	ude cam			purchases.	
1. Committee Full Name (a	nd Fund if applicab	le)	•			2. ID N	lumber		
Committee to Elect Tif	fany McGee for Tov	wn Council					7JMN2	5	
3. Creditor Information			Add 🔲 Remov		111		1 4.1		
a. Full Name, Mailing Address &	Phone		Note: All payments m					n form CRO-	
(include city, state, & zip) Pam DeMaria			1310 with the payee listed as this creditor. b. Description of Creditor						
·									
1108 Hunters Trail Dr.			Private Person						
Indian Trail, NC 28079	(704) 621 7336								
c. Beginning Balance	d, Total Amount Paid		e. Total Amount Incurred			f. Remai	ning Balar	ıce	
\$ 0.00	\$ 0.00		\$ 8.54			\$	8.54		
g. Incurred Debts (what the comr		d)							
g1. Purchase Place Full Name, M (include city, state, & zip)	alling Address & Phone		g2. Date (mm/dd/yyyy	}	g3. Amou	ınt			
Call Printing & Copying			10/02/2015		\$	25.62	/3		
740 Stallings Rd.			g4. Purpose Code	g5. I	Required :	Remarks	·		
Matthews, NC 28104 (704) 821-4500			В	E۱	∕ent Sig	gns/Fo	rms		
g1. Purchase Place Full Name, M	ailing Address & Phone	in a Comment and a Comment	g2. Date (mm/dd/yyyy)	g3, Amoi	, Amount			
(include city, state, & zip)			\$		\$				
			g4. Purpose Code g5		g5. Required Remarks				
]					
g1. Purchase Place Full Name, M	ailing Address & Phone		g2. Date (mm/dd/yyyy)	g3. Amou	ınt			
(include city, state, & zip)					\$				
			g4. Purpose Code	g5, I	Required 1	Remarks	•		
g1. Purchase Place Full Name, M	ailing Address & Phone		g2. Date (nım/dd/yyyy))	g3. Amor	ınt			
(include city, state, & zip)					\$		-	, <u> </u>	
	•	,	4. Purpose Code g5. Required Rem			Remarks	marks		
			,	5	quii.vu	- Comunication			
g1. Purchase Place Full Name, M	ailing Address & Phone		g2. Date (mm/dd/yyyy))	g3. Amou	ınt			
(include city, state, & zip)					\$				
•	-		g4. Purpose Code	g5. I	Required 1	Remarks			
			×				-		
							······································		
4. Total only this Page					\$		0.54		
(This should be the sum of al		page)			Ψ		8.54		
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)					\$		35.94		
6. Pupose Codes (List o									
A* - Media B*	- Printing	C* - Fu	ındraising		To Anot				
	- Equipment		itical Party			ig Publi	ic Office	Expenses	
I - Postage J - * Codes require detailed exp	Penalties		ffice Expenses	0*	- Other				
CRO-1610 RECE	TVED TOTAL	NC State Boar	galakarak da majalaga karang magang daga karang magang daga karang daga karang daga karang daga karang daga ka	leGellastadares		e-managamay panaga	gan da kalan sa	February 2011	

	•					
Use this form to report any u	ons Owed By the Compaid debts or obligations ow	ommittee Pg 2	<u>k</u> o inclu	of <u>2</u> de cam	Amendment 2	
1. Committee Full Name (ar	nd Fund if applicable)	филосопи на открыти по поставления в применя на открыти на открыти на открыти на открыти на открыти на открыти			2. ID Number	
·	fany McGee for Town Cou				7JMN25	
3. Creditor Information	· .	☐ Add ☐ Remov				
a. Full Name, Mailing Address &	Phone				ots should be listed on form CRO	
(include city, state, & zip) Gail Marie Furr	<u> </u>			payee list	ted as this creditor.	
		b. Description of Cred				
1002 Horton Ridge Ct.	,	Priva	te Per	son		
Indian Trail, NC 28079	(704) 684 1331					
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incu	rred		f. Remaining Balance	
\$ 0.00	\$ 0.00	\$ 27.40			\$ 27.40	
g. Incurred Debts (what the comm			CONTRACTOR CONTRACTOR	Breeding Control of Control		
g1. Purchase Place Full Name, Ma	iling Address & Phone	g2. Date (mm/dd/yyyy	/) g	3. Amou	int	
(include city, state, & zip) Paper & Inc. Printing		10/02/2015		\$	82.20/3	
311 Indian Trail Rd.	•	g4. Purpose Code	g5. Re	Required Remarks		
Indian Trail, NC 2807	9 (704) 821-6556	В	Pos	ostcards		
g1. Purchase Place Full Name, Ma	ailing Address & Phone	g2. Date (mm/dd/yyyy	() g	3. Amou	int .	
(include city, state, & zip)				\$		
	•	g4. Purpose Code	25. Re	equired R	Remarks	
	·	<u>-</u>		<u>- 4</u> -		
g1. Purchase Place Full Name, Ma	ailing Address & Phone	g2. Date (mm/dd/yyyy	/) g	3. Amou	ınţ	
(include city, state, & zip)	**************************************			\$		
•				•		
		g4. Purpose Code	g5. Re	equired R	Remarks	
g1. Purchase Place Full Name, Ma	illing Address & Phone	g2. Date (mm/dd/yyyy)) g	3. Amou	nt	
(include city, state, & zip)				\$		
		g4. Purpose Code	g5. Re	equired R	Remarks	

(include city, state, &	zin)	B-1 - 110 (1111 - 17)	J/Bolling			
menue (ity, state, o	с ар/		\$			
		g4. Purpose Code	g5. Required F	temarks		
				,		
1	l Name, Mailing Address & Phone	g2. Date (mm/dd/yyy	y) g3. Amou	nt		
(include city, state, &	zip)		\$	\$		
		g4. Purpose Code	g5. Required R	emarks		
4. Total only th (This should be the	is Page sum of all items 'g3.' from thi	s page)	\$	27.40		
	. CRO-1610 Pages on line 22 of Detailed Summan	ry Page CRO-1100)	\$	35.94		
6. Pupose Code	s (List detailed expendi	ture code in (g4.)				
A* - Media	B* - Printing	C* - Fundraising		ner Candidate		
E - Salaries	F* - Equipment	G - Political Party		g Public Office Expenses		
I - Postage* Codes require detail	J - Penalties ailed Phanatio in required	K* - Office Expenses marks field (g5.)	O* - Other			
CRO-1610		NC State Board of Elections		February 2011		

OCT 2 8 2015